

POLYSOMNOGRAM

RE:

REFERRING PHYSICIAN: Self-Referral

DATE OF STUDY: 04-21-09

TOTAL RECORDING TIME: 7.1 hrs.

BMI: 23.8

ESS:

PROCEDURE: An all night comprehensive sleep study was performed for the evaluation of a possible sleep disorder. Recording parameters included: left and right Central EEG leads (C3, C4), left and right Occipital EEG leads (O1, O2), left and right Front leads (F3, F4), left and right outer canthi to record eye movements, electrocardiogram, submental, intercostal, and anterior tibialis electromyograms, nasal/oral airflow and nasal pressure monitoring, oxygen saturation (pulse oximetry), thoracic and abdominal effort belts, and sonogram (snoring). This study was fully attended by a Polysomnographic Technologist and the raw data was manually reviewed by a RPSGT, and interpreted by a Medical Director.

DIAGNOSTIC FINDINGS:	PATIENT	(NORMS)
Sleep Efficiency:	89.9 %	85 – 99%
Sleep Architecture		
Stage N1 sleep	7.5 %	5 %
Stage N2 sleep	55.5 %	50 %
Stage N3 sleep (Delta; AKA Slow Wave Sleep)	19.6 %	20-25 %
REM sleep	17.3 %	20-25 %
Sleep Latency (time it takes to fall asleep from Lights Out)	22.6 min	10-20 minutes
REM Latency (time it takes to obtain REM from sleep onset)	87.5 min	90-120 minutes
Sleep Quality/Fragmentation		
Arousal Index:	15.4 /hr	0 – 5/hr
Apnea Hypopnea Index (AHI):	16.2 /hr	0 – 5/hr
Apnea Hypopnea Index while Supine:	22.7 /hr	0 – 5/hr
Apnea Hypopnea Index in REM:	45.1 /hr	0 – 5/hr
Respiratory Events:		
Apneas	32	
Hypopneas	51	
Upper Airway Resistance Events	21	
Lowest Oxygen Saturation:	93.0 %	90 – 99 %
 Cardiac Abnormalities:	 Sinus Bradycardia	
Snoring:	Light; intermittent (non-positional)	
Periodic Limb Movements in Sleep:	10.0 /hr	0 – 5/hr
Periodic Limb Movements with Arousals:	0.5 /hr	0 – 5/hr

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Page 2

IMPRESSION:

Axis A: Obstructive Sleep Apnea Syndrome - Mild; Moderate while Supine; Severe in REM (327.23)

Axis B: Polysomnogram (89.17)

Axis C:

RECOMMENDATION:

1. The test findings are consistent with obstructive sleep apnea. Treatment options are positive airway pressure, sleep apnea surgery or mandibular advancement splints. For positive airway pressure, an all night CPAP titration study is suggested.
 2. As a sleep hygiene, avoiding alcohol, caffeinated beverages and nicotine prior to bed-time is advised.
 3. Patient should be warned against driving if sleepy.
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